



**SOUTH DAKOTA NATIONAL GUARD**  
**YOUTH / TEEN Challenge**  
2823 West Main Street  
Rapid City, South Dakota 57702-8186  
(605) 737-6086, 1-800-658-3930  
[sdngyc@sd.ngb.army.mil](mailto:sdngyc@sd.ngb.army.mil)



Dear National Guard Families:

The South Dakota National Guard Family Readiness Office will be offering two exciting Youth Programs for your children this summer: **Youth Challenge** is for 10–12 year olds on July 17<sup>th</sup> – 22<sup>nd</sup> in Rapid City and **Teen Challenge** is for 13-15 year olds on July 7<sup>th</sup> – 10<sup>th</sup> in Sioux Falls. Applicants go by their age as of June 1<sup>st</sup>!

Youth/Teen Challenge is for children, grandchildren, siblings or legal dependents of South Dakota National Guard members or retired members. Deadline for applications is **June 3, 2005**. Transportation may be provided to applicants from across the state upon request. There is a \$75.00 registration fee for applicants. All meals, activities, lodging and transportation will be covered by the Challenge fund. Scholarships will be available for those applicants that need financial assistance. Please include a one-page letter on “**What does the National Guard mean to my Family?**” with the registration packet.

A Health History Form and Release & Waiver of Liability form must be completed and returned with the application. Mail the complete application and registration fee to: **SDNG Youth/Teen Challenge, 2823 West Main Street, Bldg 520, Rapid City, SD 57702.**

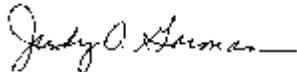
**Youth Challenge:** We will accept 75 youth for the Youth Challenge. Youth will be involved in various activities to include: leadership training, camping, swimming, canoeing, hiking, team building, drill & ceremonies, land navigation, arts & crafts, physical training, STARBASE, dancing and much more.  
**Teen Challenge:** We will accept 30 teens for the Teen Challenge. Teen's will be involved in more educational activities to include leadership training, teambuilding, aviation and a lot of fun activities!

Priority will be given to **first time Challenge campers and campers that have a family member currently deployed** (currently or during camp). First priority will be granted until May 13<sup>th</sup>, at that time, we will begin to contact youth on the wait list. After first priority is granted, applicants will be accepted on a first come basis. We will contact you if you are accepted into camp or on the wait list.

Youth/Teen Challenge would not be possible without **VOLUNTEERS!** You may volunteer for one day or for multiple days. Volunteers are Guard members, spouses, siblings and retired National Guard members. If you are interested, please let us know by calling 1-800-658-3930 or email. Make a difference in the life of a child!

Are you interested in sponsoring a child? Do you know of a business or youth friendly organization that would be interested in sponsoring our SDNG Youth/Teen Challenge? Let us know. For more information call the State Family Readiness Office, at 737-6086 or 1-800-658-3930 or email at: [sdngyc@sd.ngb.army.mil](mailto:sdngyc@sd.ngb.army.mil).

Sincerely,

  
JUDY GORMAN  
Challenge Chairman

  
KRISTI PALMER  
Challenge Director

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# APPLICATION

## South Dakota National Guard

### Youth & Teen Challenge

For Camp Use Only

**Youth OR Teen**

Check # \_\_\_\_\_  
Application complete \_\_\_\_\_  
Physical \_\_\_\_\_  
Information letter sent \_\_\_\_\_  
Liability Waiver \_\_\_\_\_

- ☐ **Youth Challenge:** July 17<sup>th</sup> – 22<sup>nd</sup>, 2005 (Age: 10-12)  
Rapid City
- ☐ **Teen Challenge:** July 7<sup>th</sup> – 10<sup>th</sup>, 2005 (Age: 13-15)  
Sioux Falls

Must be submitted complete by June 3, 2005 (PLEASE TYPE OR PRINT)

**\*\*Youth Name:** \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_ Age (as of June 1<sup>st</sup>)

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

T-shirt size (adult): S M L XL **First time Guard camper:** Yes No (Circle)

**\*\*Parent(s) / Guardian Name:** \_\_\_\_\_

**Phone #:** Daytime: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### **\*\*Military Sponsor Information:**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ **Currently Deployed:** Yes No

Unit: \_\_\_\_\_ Relationship to camper \_\_\_\_\_

**Youth Challenge: 10 – 12 year olds (as of June 1<sup>st</sup>) ~ July 17- 22 Rapid City**

**Teen Challenge: 13 – 15 year olds (as of June 1<sup>st</sup>) ~ July 7 – 10 Sioux Falls**

Must be a child/grandchild, sibling OR legal dependent of a South Dakota National Guard member or retired member.

### **Your return packet is due June 3<sup>rd</sup> and should include:**

1. **Application:** Please make sure application is filled out completely and signed where indicated.
2. **\$75.00** registration Fee. Payable to **SDNG Challenge**. (Or Scholarship essay) Recommend bringing \$5-15 for Youth Challenge and \$10 - \$25 for Teen Challenge for spending money.
3. **Mail to:** SDNG Youth/Teen Challenge  
2823 West Main Street, Bldg 520  
Rapid City, SD 57702

**I certify that I am the legal parent/guardian of the child listed on this application.**

**\*\*I grant permission to the South Dakota National Guard Challenge to approve emergency medical treatment for my child.**

**\*\*I give my permission of the release of my child's name, address and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the South Dakota National Guard Challenge.**

**\*\*I hereby waive any claim against the South Dakota National Guard, the Department of Military Affairs, the State of South Dakota, or the United States of America for any causes which may arise in connection with the participation of \_\_\_\_\_ child's name in the South Dakota National Guard Challenge.**

\_\_\_\_\_  
(Parent / guardian) **Signature**

\_\_\_\_\_  
**Date**

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# Camper Health History

## Health History Form

The information on this form is part of the applicant's acceptance process. It is gathered to assist us in identifying appropriate care in the event of an emergency.

**This side to be completed by parents/guardian of applicant**

|                                |   |
|--------------------------------|---|
| Youth<br>INFORMATION           | <div> <div>Last Name</div> <div>First Name</div> <div>MI</div> <div>Date of Birth</div> <div>Sex</div> </div> <div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> <div>Home Phone</div> </div>  |
| Parent/Guardian<br>INFORMATION | <div> <div>Last Name</div> <div>First Name</div> <div>MI</div> <div>Relationship to child</div> </div> <div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip</div> </div> <div> <div>Home Phone</div> <div>Work Phone</div> <div>Alternate Phone Number</div> </div>   |
| Youth<br>EMERGENCY INFORMATION | <div> <div>Last Name (ER contact)</div> <div>First Name</div> <div>MI</div> <div>Relationship to child</div> </div> <div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip</div> </div> <div> <div>Home Phone</div> <div>Work Phone</div> <div>Alternate Phone Number</div> </div> <div> <div>Last Name (ER contact)</div> <div>First Name</div> <div>MI</div> <div>Relationship to child</div> </div> <div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip</div> </div> <div> <div>Home Phone</div> <div>Work Phone</div> <div>Alternate Phone Number</div> </div>   |
| Insurance<br>INFORMATION       | <div> <div>Family Physician</div> <div>Clinic</div> <div>Phone Number</div> </div> <div> <div>Dentist/Orthodontist</div> <div>Clinic</div> <div>Phone Number</div> </div> <div> <div>Health/Medical Insurance Carrier</div> <div>Policy/Group Number</div> <div>Name of Policy Holder</div> </div>  |
|                                | <p align="center"><b>Important---This Box Must be Completed for Attendance</b></p> <p>This health history is correct so far as I know, and the person described has permission to engage in all prescribed Challenge activities, except as noted. <b>Authorization for Treatment:</b> I hereby give permission to the medical personnel selected by the Director to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to give permission to the physician selected by the Director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of the base area of operations.</p> <p><b>Signature of parent or guardian</b> _____ <b>Date</b> _____</p> |

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**Health Care Recommendations completed by parent:**

Is the applicant's immunizations up to date? YES NO  
If no please explain \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_

Is applicant allergic to any medication? YES NO

\_\_\_\_\_  
\_\_\_\_\_

| Medication | Dosage | Times | Reason |
|------------|--------|-------|--------|
| _____      | _____  | _____ | _____  |
| _____      | _____  | _____ | _____  |
| _____      | _____  | _____ | _____  |

Additional Health Information: \_\_\_\_\_

Is the applicant currently receiving treatment? YES NO

Should treatment continue while at training? YES NO

Is the applicant under the care of medical personnel for any conditions(s)? YES NO

Please explain \_\_\_\_\_

Has applicant had any reported loss of consciousness, convulsions, or concussion?

Please explain \_\_\_\_\_

Does the applicant require any dietary restrictions? [ ] [ ]

Should any activities be encouraged or limited? [ ] [ ]

Should the applicant's condition preclude his/her participation in an active program? [ ] [ ]

Any other concerns that the staff should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Health History**

|                         | Yes | No  |
|-------------------------|-----|-----|
| Frequent Ear Infections | [ ] | [ ] |
| Heart Defect            | [ ] | [ ] |
| Convulsions             | [ ] | [ ] |
| Diabetes                | [ ] | [ ] |
| Epilepsy                | [ ] | [ ] |
| Bleeding Disorder       | [ ] | [ ] |
| Hypertension            | [ ] | [ ] |
| ADHD                    | [ ] | [ ] |
| Other                   | [ ] | [ ] |

**Allergies**

|                            | Yes | No  |
|----------------------------|-----|-----|
| Hay Fever                  | [ ] | [ ] |
| Poison Ivy, etc            | [ ] | [ ] |
| Insect Stings              | [ ] | [ ] |
| Asthma                     | [ ] | [ ] |
| Medications (list at left) | [ ] | [ ] |
| Peanut                     | [ ] | [ ] |
| Latex                      | [ ] | [ ] |
| Other (specify)            | [ ] | [ ] |

**Miscellaneous**

|                                 | Yes | No  |
|---------------------------------|-----|-----|
| Is the child a bed wetter?      | [ ] | [ ] |
| Does the child sleep walk?      | [ ] | [ ] |
| Is this the child's first camp? | [ ] | [ ] |

**For Girls**

|  |     |     |
|--|-----|-----|
| Has this child menstruated?                  | [ ] | [ ] |
| If no, has she been told about menstruation? | [ ] | [ ] |
| Is her menstrual history normal?             | [ ] | [ ] |
| Special instructions?                        |     |     |

\_\_\_\_\_



## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in the

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### **2005 National Guard Youth/Teen Challenge**

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By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in the activity listed above;
3. Consent to receive any medical treatment deemed advisable during participation in the activity listed above; and
4. Acknowledge that we are signing below as a minor child and as the parent or legal guardian of the minor child named below.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

**Minor's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Address** \_\_\_\_\_  
I HAVE READ THIS RELEASE.

**Guardian's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Address** \_\_\_\_\_  
I HAVE READ THIS RELEASE.

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